



### Children First Information Form

Please return this confidential form. A copy will be given to your child's teacher. This helps us to better know and understand your child so that we may provide the best possible care and experiences.

School Year: \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_

Medical conditions \_\_\_\_\_

\_\_\_\_\_

Is your child on any medication? \_\_\_\_\_ Why? \_\_\_\_\_

Describe any physical handicaps \_\_\_\_\_

Parent's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Office Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Office Phone \_\_\_\_\_ Cell \_\_\_\_\_

Other adult's living with family or who share rearing \_\_\_\_\_

Who has custody of the child? \_\_\_\_\_

Siblings (names & ages) \_\_\_\_\_

\_\_\_\_\_

Has your child attended another school? \_\_\_\_\_. If yes, reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Home Church \_\_\_\_\_

Please give information on the following where applicable:

Do you have any concerns about your child's speech, hearing, or vision? \_\_\_\_\_

\_\_\_\_\_

Is your child potty trained? \_\_\_\_\_ If yes, please describe potty habits (uses special words, needs help, etc.) \_\_\_\_\_

\_\_\_\_\_

Does your child still nap at home? \_\_\_\_\_ If so, when & how long? \_\_\_\_\_

Any special items your child needs at naptime? \_\_\_\_\_

Any special fears? \_\_\_\_\_

Other organized groups your child attends \_\_\_\_\_

\_\_\_\_\_

Recent or upcoming experiences (moving, trips, new baby, etc.) \_\_\_\_\_

\_\_\_\_\_

Favorite play materials/activities \_\_\_\_\_

\_\_\_\_\_

Describe the type of discipline you have found most effective with your child: \_\_\_\_\_

\_\_\_\_\_

What do you hope your child will receive from his/her Children First experience? \_\_\_\_\_

\_\_\_\_\_

Is there anything else we should know about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do any of your family members have a hobby, talent, or special interest to share with the school children (music, profession, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_